

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014021

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 181

Primary Registration District No. 5667

Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) Union Twp.		c. CITY OR TOWN Union Twp 0570	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Residence		d. STREET ADDRESS (If outside, give location) Farm Residence	
3. NAME OF DECEASED (Type or print) First Roy Middle Lee Last Price		4. DATE OF DEATH Month April Day 16 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 7, 1891
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months 3 Days 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Galena Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Price		13b. MOTHER'S MAIDEN NAME Lillie Tacket	
14. NAME OF HUSBAND OR WIFE Beunnia Price		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.No 1	
16. SOCIAL SECURITY NO. 486-14-4729		17. INFORMANT Beunnia Price	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arterio-Sclerosis DUE TO (c) 4201		INTERVAL BETWEEN ONSET AND DEATH 4 Min. ???	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:20 a.m. 4201 Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Briscos MO.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Joseph L. Marsh (Degree or title) CORONER	
22b. ADDRESS 351 Monroe St. Troy, Mo.		22c. DATE SIGNED 4/16/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/11/59	
23c. NAME OF CEMETERY OR CREMATORY Briscos Cemetery		23d. LOCATION (City, town, or country) (State) Briscos (Cemetery) Missouri	
24. FUNERAL DIRECTOR DW McGary		25. DATE RECD. BY LOCAL REG. 5/9/1959	
26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientz		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 14 1959

MAY 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed D.W. McCoy

Licensed Embalmer No. 3586

P. O. Address Lynch

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.